

PARENT CONSENT

INITIAL PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES

Date _____

School _____

Student _____

Birthdate _____

Dear Parent or Guardian:

Your child has been determined to be eligible for special education, related services, and supplementary aids and services for students with disabilities in the _____ (school). Before providing the services necessary for your child to receive a free appropriate public education, we must obtain your consent for the initial provision of special education and related services. The services to be provided to your child will be determined at least annually through the development of an Individualized Educational Program (IEP). We will take steps to ensure that you are present at each IEP meeting or are otherwise afforded the opportunity to participate in the development of your child's IEP.

By giving consent, you acknowledge that (1) you have been fully informed of all information relevant to the activity for which consent is sought, in your native language or other mode of communication; (2) you understand and agree in writing to the carrying out of the activity for which your consent is sought, and the consent describes that activity; (3) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (4) you understand that if you revoke consent, your revocation is not retroactive.

I hereby authorize the _____ (school) to provide special education and related services to my child.

Parent/Guardian Signature _____

Date _____

(School) Staff Member _____

Date _____